



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JOHN F. SCHUNHOFF, Ph.D.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.lapublichealth.org

BOARD OF SUPERVISORS

Gloria Molina
First District
Yvonne B. Burke
Second District
Zev Yaroslavsky
Third District
Don Knabe
Fourth District
Michael D. Antonovich
Fifth District

June 19, 2007

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**ACCEPTANCE OF MATERNAL, CHILD AND ADOLESCENT HEALTH LETTER OF
ALLOCATION FOR FISCAL YEARS 2007-08 THROUGH 2009-10 AND APPROVAL OF
AMENDMENTS WITH FIVE BLACK INFANT HEALTH PROGRAM SERVICE AGREEMENTS
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

- 1) Delegate authority to the Director of Public Health, or his designee, to accept the forthcoming California Department of Health Services (CDHS) Fiscal Year (FY) 2007-08 Letter of Allocation (LOA), substantially similar to the previously approved amount of \$6,538,719 of which \$4,454,789 is to support the Department of Public Health (DPH or Department) Maternal Child and Adolescent Health (MCAH) Program, and \$2,083,930 is allocated for the Black Infant Health (BIH) Program for three consecutive years beginning FY 2007-08 through FY 2009-10 at the same level of funding, contingent upon review by County Counsel (Counsel), the Chief Administrative Office (CAO) and notification to the Board of Supervisors (Board).
- 2) Approve and instruct the Director of Public Health, or his designee, to sign Amendment No. 2 for County Agreements with: 1) The Children's Collective, Inc. (TTC) H-700539 in the amount of \$489,938 with a total three year maximum obligation of \$1,469,814; 2) Great Beginnings for Black Babies, Inc. (GBBB) H-700540 in the amount of \$508,212 with a total three year maximum obligation of \$1,524,636; 3) Mission City Community Network, Inc. (MCCN) H-700341 in the amount of \$244,750 with a total three year maximum obligation of \$734,250; and 4) Prototypes (PROTO) H-700339 in the amount of \$228,200 with a total three year maximum obligation of \$684,600, substantially similar to Exhibit I, to extend the agreements for the period July 1, 2007 through June 30, 2008, with provision for two 12-month automatic renewals at the same level of funding through June 30, 2010, with a total maximum obligation for the four agreements in the amount of \$4,413,300, 100% offset by State funding, contingent upon review by County Counsel, CAO and notification to the Board.

- 3) Approve and instruct the Director of Public Health, or his designee, to sign Amendment No. 3 to County Agreement No. H-700340 with Partners in Care Foundation (PICF), substantially similar to Exhibit II, to extend the agreement one additional year for the period July 1, 2009 through June 30, 2010, for the provision of BIH services, in the amount of \$228,900, with a total three year maximum obligation of \$686,700, 100% offset by State funding.
- 4) Delegate authority to the Director of Public Health, or his designee, to execute Amendments with the current BIH contractors, to increase or decrease their maximum obligations for FYs 2007-08 through 2009-10 not to exceed 25% of the applicable FY base allocation, and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services, not to exceed available State funding, contingent upon approval by County Counsel, CAO, and notification to the Board.
- 5) Delegate authority to the Director of Public Health, or his designee, to accept any Amendments to the LOAs, from the CDHS for three FYs through FY 2010, not to exceed 25% of the applicable FY base allocation to support the DPH MCAH and BIH programs, with no net County cost.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

Board approval of the requested actions will allow the DPH to continue efforts to implement the Countywide MCAH/BIH program goals of improving health care for women of childbearing age, pregnant and parenting women, and children and their families, and to reduce African American infant mortality by assuring access to quality MCAH services. Delegated authority to sign any future amendments to the LOA, and reallocation among current providers, or the recommended term extension to TCC, GBBB, MCCN, PROTO and PICF will expedite the continued use of State funds.

FISCAL IMPACT/FINANCING:

The MCAH total program costs for FYs 2007-08 through FY 2010 is \$31,910,745, of which \$13,364,367 is State funding, and the remaining \$18,546,378 is net County costs.

The total cost for the BIH Program for FYs 2007-08 through FY 2010 is \$6,251,790, totally offset by State funding. Of this amount, \$1,151,790 is allocated for the BIH program operating expenses and the remaining \$5,100,000 is allocated for five BIH subcontract agreements. The amendments provide for an extension of the term of the agreements for an additional three years, Fiscal Year 2007-08 through 2009-10 at the same level of funding.

Funding is included in the FY 2007-08 Budget Request and will be requested in future fiscal years, if applicable.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

For a number of years, the Board has authorized continuation of MCAH Program activities supported by State funding.

State MCAH and BIH Funding

The Department is anticipating Board delegated authority to the Director of Public Health to accept the forthcoming FY 2007-08 CDHS MCAH Letter of Allocation and Standard Agreement in the amount of \$6,538,719 of which \$4,454,789 is to support the DPH MCAH Program and \$2,083,930 is allocated for the BIH Program for three consecutive years beginning FY 2007-08 through FY 2009-10 at the same level of funding, and authority to accept each FY award and subsequent increases or decreases for the three-year period covered by the State's approval effective for FYs 2007 through 2010.

Service Agreements

On June 15, 2004, the Board approved six new agreements with various providers for the continued provision of BIH services effective July 1, 2004 through June 30, 2005 with provisions for two 12-month automatic renewals at the same funding level through June 30, 2007. The six BIH Contractors were the Children's Collective, Inc., Great Beginnings for Black Babies, Harbor-UCLA REI (REI), Mission City Community Network, Prototypes and Public Health Foundation Enterprises/First Missionary Baptist Church (PHFE/FMBC).

On May 5, 2005, REI notified the Department in writing that they elected to discontinue their BIH services contract effective June 30, 2005. To ensure that funds continue to serve the clients within REI's same geographic areas, Service Planning Areas (SPAs) 6 and 8, the Department redistributed their allocation between TCC and GBBB. These agencies currently provide BIH services in SPAs 4, 6 and 8.

On November 1, 2005, the Board approved Amendment No. 1 for GBBB and TCC augmenting each agreement from July 1, 2005 through June 30, 2006 with an automatic renewal at the same level of funding through FY 2006-07, contingent upon funding availability from the State. The Board also approved Amendment No. 1 for MCCN, PROTO and PHFE/FMBC to add revised language to the Funding/Services/Adjustments and Reallocations paragraph of the Agreements.

On April 3, 2007, the Board approved Amendment No. 2 for PHFE/FMBC to assign and delegate all contract rights and responsibilities to Partners in Care Foundation for the period of Board approval through June 30, 2007, with provision for two 12-month automatic renewals, at the same level of funding, through June 30, 2009.

Approval of Amendment No. 2 for TCC, GBBB, MCCN and PROTO will extend each Agreement at the same level of funding as they are currently, effective date of Board approval through June 30, 2008, with two 12-month automatic renewals through June 30, 2010, contingent upon future State funding.

Approval of Amendment No. 3 for PICF will extend the Agreement for one additional year for Fiscal Year 2009-10 at the same level of funding as it is currently, contingent upon funding availability from the State, to be consistent with the terms of the other four BIH agreements.

County Counsel has reviewed Exhibits I and II as to use and form.

Attachments A, B, and Exhibits I and II provide additional information.

CONTRACTING PROCESS:

On March 8, 2004, DHS released a Request for Proposals (RFP) to agencies with interest and experience in providing BIH services under contract with the County. Six agencies were selected and awarded contracts to provide services from July 1, 2004 through June 30, 2007. On June 30, 2005, Harbor-UCLA REI terminated its BIH contract. Funds were distributed to TCC and GBBB to continue serving REI's clients in SPAs 6 and 8.

The State MCAH is conducting an evaluation of the current BIH contracted services. Should the DPH receive notice from the State that they are changing the current scope of BIH contracted services and/or require a restructuring of the BIH services, DPH-MCAH will immediately release a Request for Proposals to address these changes.

Irrespective of State funding, DPH will conduct an RFP solicitation process to select new providers to be in place prior to the new SDHS grant term for FY 2010-11.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

The Board's approval of the recommended actions will maintain the current level of services Countywide.

Funding provided by CDHS will allow DPH to continue to provide MCAH services to improve the health care for women of childbearing age, children, adolescents, and their families.

When approved, the Department requires three signed copies of the Board's action.

Respectfully submitted,



Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

JEF:po

Attachments (4)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

SUMMARY OF AWARD/AMENDMENTS

1. TYPE OF SERVICES:

Maternal, child and adolescent health services to improve the health care for women of childbearing age, children, adolescents and their families; and to improve the health care of African American mothers and their children and create awareness of the need for improved health care and to reduce infant mortality.

2. AGENCY/ CONTACT PERSON:

California Department of Health Services
Maternal, Child and Adolescent Health/Office of Family Planning Branch
714 "P" Street, Room 740
Sacramento, California 94234-7320
Attention: Susan J. Steinberg, M.D., Chief
Telephone: (916) 657-1347 Internet Address: www.dhs.ca.gov

Subcontract Agency/Contact Person: See Attachment B

3. TERM OF AWARD/AGREEMENTS:

The forthcoming State Letter of Allocation (LOA) is for three consecutive years beginning Fiscal Year (FY) July 1, 2007 through June 30, 2010. During the period July 1, 2007 through June 30, 2008, State will reimburse County up to \$6,584,594, and extend the FY 07-08 allocation for an additional 24 months for FY 2008-10 at the same level of funding.

Amendment No. 2 with TCC, GBBB, MCCN and PROTO will extend the Agreements from July 1, 2007 through June 30, 2010 and Amendment No. 3 with PICF will extend the term for the period July 1, 2009 through June 30, 2010.

4. FINANCIAL INFORMATION:

The total cost for the MCAH Program for FYs 2007-08 through 2009-10 is \$31,910,745, of which \$13,364,367 is State funding and the remaining \$18,546,378 is net County costs.

The State funding for the BIH Program for FYs 2007-08 through 2009-10 is \$6,251,790. Of this amount, \$1,151,790 is allocated for the BIH program operating expenses and the remaining \$5,100,000 is allocated for five BIH subcontract agreements. Funding is included in the FY 2007-08 Proposed Budget and will be requested in future years, if applicable.

	TCC			GBBB			MCCN		
	<u>FY 2007-08</u>	<u>FY2008-09</u>	<u>FY2009-10</u>	<u>FY2007-08</u>	<u>FY2008-09</u>	<u>FY2009-10</u>	<u>FY2007-08</u>	<u>FY2008-09</u>	<u>FY2009-10</u>
Max. County Oblig:	\$489,938	\$489,938	\$489,938	\$508,212	\$508,212	\$508,212	\$244,750	\$244,750	\$244,750
Less State Reimb.:	<u>\$489,938</u>	<u>\$489,938</u>	<u>\$489,938</u>	<u>\$508,212</u>	<u>\$508,212</u>	<u>\$508,212</u>	<u>\$244,750</u>	<u>\$244,750</u>	<u>\$244,750</u>
Net County Cost	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
	PROTO			PICF					
	<u>FY 2007-08</u>	<u>FY2008-09</u>	<u>FY2009-10</u>	<u>FY2009-10</u>					
Max. County Oblig:	\$228,200	\$228,200	\$228,200	\$228,900					
Less State Reimb.:	<u>\$228,200</u>	<u>\$228,200</u>	<u>\$228,200</u>	<u>\$228,900</u>					
Net County Cost:	-0-	-0-	-0-	-0-					

5. GEOGRAPHIC AREA TO BE SERVED:

Countywide

6. DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:

Cynthia A. Harding, M.P.H., Director, Maternal, Child and Adolescent Health Programs

7. APPROVALS:

Public Health:

John F. Schunhoff, Ph.D., Chief Deputy Director

Contracts and Grants Division:

Gary T. Izumi, Chief, Contracts and Grants

County Counsel (approval as to form):

Robert E. Ragland, Senior Deputy County Counsel

EXHIBIT B

DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAMS
BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

SUBCONTRACT AGENCY/CONTACT PERSON LIST

SERVICE PLANNING AREA BASED SERVICES			
Contract #	Contractor/Contact Person	Each Fiscal Year Allocation	Total 3 FY Maximum Obligation
H700539	The Children's Collective, Inc. 5870-C West Jefferson Blvd. Los Angeles, California 90016 (310) 733-4388 Fax (310) 733-4320 Jackie Kimbrough, Executive Director	\$489,938	\$1,469,814
H700540	Great Beginnings for Black Babies, Inc. 3311 West Manchester Blvd., Suite 301 Inglewood, California 90305 (323) 789-7955 Fax (323) 789-7960 Zola Jones, Executive Director	\$508,212	\$1,524,636
H700341	Mission City Community Network, Inc. 15206 Parthenia Street North Hills, California 91343 (818) 895-3100 Fax (818) 895-9464 Nik Gupta, Executive Director/Chief Financial Officer	\$244,750	\$ 734,250
H700339	Prototypes, Centers for Innovation in Health, Mental Health and Social Services 5601 West Slauson Avenue, Suite 200 Culver City, California 90230 (310) 641-7795 Fax (310) 649-4347 Ruth Slaughter, Divisional Director	\$228,200	\$ 684,600
H700340	Partners in Care Foundation 732 Mott Street, Suite 150 San Fernando, California 91340 (818) 837-3775 Fax (818) 837-3799 James A. Cook, Chief Operating Officer	\$228,900	\$ 686,700
Project Total		\$1,700,000*	\$5,100,000*

*100% State Funded

BLACK INFANT HEALTH PROGRAM SERVICES
IN LOS ANGELES COUNTY AGREEMENT

AMENDMENT NO. 2

THIS AMENDMENT is made and entered into this _____ day
of _____, 2007,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

GREAT BEGINNINGS FOR BLACK
BABIES, INC. (hereafter
"Contractor").

WHEREAS, reference is made to that certain document entitled
"BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY
AGREEMENT", dated June 15, 2004, and further identified as County
Agreement No. H-700540, and any amendments thereto, (all
hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to extend the terms of the Agreement and to make other
hereafter described changes; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on Date of Board
Approval.

2. Agreement Paragraph 1, TERM, subparagraph 1, shall be revised to read as follows:

"1. TERM: The term of this Agreement shall commence upon date of Board approval, and shall continue, unless sooner terminated or cancelled, in full force and effect to midnight June 30, 2008. Said Agreement shall thereafter be automatically renewed for two 12-month automatic renewals through June 30, 2010 without further action by either party unless notice in writing of a party's intention not to so renew is given to the other party at least (30) calendar days prior to termination. This Agreement may be terminated, with or without cause, by Contractor upon giving of at least thirty (30) calendar days advance written notice to County. County may terminate this Agreement in accordance with the TERMINATION paragraphs of the ADDITIONAL PROVISIONS hereunder. In any event, this Agreement shall finally expire on June 30, 2010."

3. Agreement Paragraph 2, DESCRIPTION OF SERVICES, shall be revised to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibits C, C-1, C-2, C-3 and Exhibit B, attached hereto and incorporated herein by reference."

4. Subparagraphs D, E and F of Agreement Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, of the body of the Agreement shall

be added to read as follows:

"3. MAXIMUM OBLIGATION OF COUNTY,

D. During the period commencing July 1, 2007 through June 30, 2008, the maximum obligation of County for all services provided under this Agreement shall not exceed Five Hundred Eight Thousand, Two Hundred Twelve Dollars (\$508,212). This sum represents the total maximum obligation of County as shown in Schedule 4, attached hereto and incorporated herein by reference.

E. During the period commencing July 1, 2008 through June 30, 2009, the maximum obligation of County for all services provided under this Agreement shall not exceed Five Hundred Eight Thousand, Two Hundred Twelve Dollars (\$508,212). This sum represents the total maximum obligation of County as shown in Schedule 5, attached hereto and incorporated herein by reference.

F. During the period commencing July 1, 2009 through June 30, 2010, the maximum obligation of County for all services provided under this Agreement shall not exceed Five Hundred Eight Thousand, Two Hundred Twelve Dollars (\$508,212). This sum represents the total maximum obligation of County as shown in Schedule 6, attached hereto and incorporated herein by reference."

5. Subparagraph A of Agreement Paragraph 4, FUNDING/ SERVICES ADJUSTMENTS AND REALLOCATIONS, shall be revised to read as follows:

"4. FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS:

A. If sufficient monies are available from Federal, State, or County funding sources, and upon Director's or his/her authorized designee (s) specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief Deputy Director, Department of Public Health. If any monies are reduced by Federal, State, or County funding sources, County may also decrease the applicable County maximum obligation of each fiscal year as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to Contractor. If such increase or decrease does not exceed fifteen percent (15%) of the applicable County maximum obligation, Director may approve such funding changes. Director may also approve increases or decreases up to fifty percent (50%) of the Fiscal Year 2007-2010 maximum obligation to accommodate available State funding levels and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services, not exceed available State

funding, upon approval by County Counsel and notification to the Board. Director shall provide prior written notice of such funding changes to Contractor and to County's Chief Administrative Officer. If the increase or decrease exceeds fifteen percent (15%) of the applicable County maximum obligation for reasons other than those specified above, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATIONS OF TERMS Paragraph of this Agreement."

6. Paragraph 6, COMPENSATION, of the body of the Agreement shall be amended to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost as set forth in Schedules 4, 5 and 6, and the BILLING AND PAYMENT Paragraph of the ADDITIONAL PROVISIONS, attached hereto.

7. Exhibits C-1, C-2, C-3, Scopes of Work and Schedules 4, 5 and 6 shall be added to Agreement as attached hereto and incorporated herein by reference.

8. Except for the changes set forth hereinabove, Agreement shall not be changed in any respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

GREAT BEGINNINGS FOR BLACK
BABIES, INC.
Contractor

By _____
Signature

ZOLA JONES
Print Name

Title EXECUTIVE DIRECTOR
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER
County Counsel

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Public Health

By _____
Gary T. Izumi, Chief,
Contracts and Grants Division

AMEND00160GBBB.P05/07

EXHIBIT C

GREAT BEGINNINGS FOR BLACK BABIES, INC.

BLACK INFANT HEALTH PROGRAM SERVICES
IN LOS ANGELES COUNTY

1. DEFINITION: The Black Infant Health Program Services are comprehensive programs that promote access to quality maternal and child health services, healthy lifestyles to pregnant and/or parenting African-American women, and reduce infant mortality in Los Angeles County. These services are provided utilizing: 1) the Prenatal Care Outreach Intervention model which supports aggressive community education regarding maternal and infant health topics, enrollment of eligible women into care coordination services, and referral to other County home visitation programs; 2) the Social Support and Empowerment Intervention model which provides clients with support, advocacy and assistance in order to live a more empowered life; and 3) the use of the State Black Infant Health Management Information System (BIH-MIS) that allows for the collection and storage of client data for tracking and program evaluation.

2. PERSONS TO BE SERVED: Contractor shall provide services, in targeted zip codes, to pregnant and parenting African American women, ages 18 years and older, infants, and children at-risk for poor birth or perinatal outcomes. Targeted for Black Infant Health (BIH) Program services are 1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight

and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal reasons, pregnant/parenting women who require assistance in accessing and receiving Medi-Cal and other required services due to systemic or personal barriers, and (4) women who have an inadequate support system (in accordance with Scopes of Work, attached hereto and incorporated herein by reference).

3. SERVICE DELIVERY SITE(S): Contractor's facility where services are to be provided hereunder is located at: 3311 West Manchester Blvd., Suite 301, Inglewood, CA 90305. Contractor shall request approval from Maternal, Child, and Adolescent Health Programs (hereafter "MCAH") in writing a minimum of thirty (30) days before terminating services at such location(s) and/or before commencing services at any other location(s).

4. COUNTY'S MAXIMUM OBLIGATION: During the period July 1, 2007 through June 30, 2008, that portion of County's maximum obligation which is allocated under this Exhibit for BIH services shall not exceed Five Hundred Eight Thousand, Two Hundred Twelve Dollars (\$508,212).

5. COMPENSATION:

A. County shall compensate Contractor for performing services hereunder for actual reimbursable net cost basis as set forth in Schedules, attached hereto and incorporated herein by reference.

B. Contractor shall be compensated for participating in

the Federal Financial Participation (FFP) Program and submitting accurate quarterly time study forms as specified in Scopes of Work, attached hereto and incorporated herein by reference.

C. For reimbursement calculation purposes, the Contractor's staff and subcontractors must complete the quarterly time study forms using specific function codes that have reimbursement formulas and rates.

D. Payment for services provided shall be subject to the receipt of quarterly time study forms and corresponding accurate monthly invoices.

Payment for services provided hereunder shall be subject to the provisions set forth in the PAYMENT Paragraph of the ADDITIONAL PROVISIONS of this Agreement.

6. SERVICES TO BE PROVIDED:

A. Contractor shall provide BIH services in accordance with procedures formulated and adopted by Contractor's staff, consistent with law, regulations, and the terms of this Agreement. Additionally, Contractor shall provide such services as described in Scopes of Work, attached hereto and incorporated herein by reference.

B. Contractor shall obtain written approval from MCAH's authorized designee for all educational materials utilized in association with this Agreement prior to its implementation.

C. Contractor shall submit for approval such educational materials to MCAH at least thirty (30) days prior to the

projected date of implementation. For the purposes of this Agreement, educational materials shall include, but are not limited to, written materials (e.g., curricula, pamphlets, brochures, fliers), audiovisual materials (e.g., films, videotapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings).

D. Failure of Contractor to abide by this requirement may result in the suspension of this Agreement at the Director's sole discretion.

E. Contractor shall utilize funds received from County for the sole purpose of providing BIH Program services.

F. Contractor shall maintain separate financial accounts of funds received from County.

7. STAFFING REQUIREMENTS:

A. Contractor shall recruit linguistically and culturally appropriate staff. For the purposes of this Agreement, staff shall be defined as paid and volunteer individuals providing services as described in Scopes of Work, attached hereto and incorporated herein by reference.

B. Contractor shall maintain recruitment records, including, but not limited to: 1) job description of all positions funded under this agreement; 2) staff résumé(s); 3) appropriate degrees and licenses; and 4) biographical sketch(es) as appropriate.

In accordance with the ADDITIONAL PROVISION attached hereto and

incorporated herein by reference, if during the term of this Agreement an executive director, program director, or a supervisory position becomes vacant, Contractor shall notify the DPH's authorized designee in writing prior to filling said vacancy.

8. STAFF DEVELOPMENT AND TRAINING: Contractor shall conduct ongoing and appropriate staff development and training as described in Scopes of Work, attached hereto and incorporated herein by reference.

A. Contractor shall provide and/or allow access to ongoing staff development and training of BIH Program staff.

Contractor shall maintain documentation of staff training in each employee file that includes, but is not limited to: 1) date, time, and location of staff training; 2) name of trainer and title, training topic(s); 3) and name of attendees and title.

9. BIH PROGRAM MANAGEMENT INFORMATION SYSTEM: Contractor shall enter data on program participants into the BIH Management Information System (BIH-MIS) for client tracking and program evaluation. Client data is collected daily, entered weekly, at a minimum, and uploaded monthly to the Branaugh Information Group (BIG) BIH Evaluation Team. BIH-MIS technical assistance is provided by BIG. Contractor is required to use the BIH-MIS.

10. PROPRIETARY CONSIDERATIONS:

A. County and Contractor agree that aggregated, non-identifying client data and other materials and information developed and/or modified under this Agreement may be used by

either Contractor or County both during and subsequent to the term of this Agreement.

B. County and Contractor agree to protect the security of all data, materials, and information developed and or produced under this Agreement. Further, County and Contractor agree to use best efforts to protect all such data, materials, and information from loss or damage by any cause, including, but not limited to fire and theft.

11. REPORTS: Subject to the reporting requirements of the REPORTS Paragraph of the ADDITIONAL PROVISIONS of this Agreement attached hereto, Contractor shall submit monthly reports to MCAH no later than fifteen (15) days after the end of each calendar month. Monthly reports shall clearly reflect all required information as specified on the monthly report form provided by MCAH.

A. Quarterly Reports: Contractor shall submit to MCAH a quarterly report within the time period as directed by the County MCH Program for each quarter. Quarterly reports shall include all the required information and be completed in the correct format.

B. Semi-Annual Report: Contractor shall submit to MCAH a semi-annual report within the time period as directed by the County MCH Program for each year. Semi-annual reports shall include all the required information and be completed in the correct format.

C. Annual Report: Contractor shall submit to MCAH an annual report within the time period as directed for each year.

Annual reports shall include all the required information and be completed in the correct format.

12. ANNUAL TUBERCULOSIS SCREENING FOR STAFF: Prior to employment or provision of services hereunder, and annually thereafter, Contractor shall obtain and maintain documentation of tuberculosis screening for each employee, volunteer, subcontractor staff and consultant providing face-to-face client services hereunder. Such tuberculosis screening shall consist of tuberculin skin test (Mantoux test) and/or written certification by a physician that the person is free from active tuberculosis based on a chest x-ray.

13. QUALITY IMPROVEMENT: Contractor shall develop and submit to MCAH within ninety (90) days of the execution of this Agreement its written Quality Improvement Plan (QIP). The QIP shall describe the process for continually assessing the Contractor's program effectiveness in accomplishing the BIH mission, goals, and objectives. The QIP shall include the following components: QIP Committee, Written Policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and Quality Assessment and Management Reports.

A. Quality Improvement Committee - The QIP Committee shall develop, review, and revise the QIP on an annual basis. In addition, the QIP Committee shall continually assess and make recommendations regarding the improvement of program services, and for developing plans of corrective action for identified program deficiencies. The Committee shall discuss and act on

process and outcome data results, and client feedback. The QIP Committee shall consist of representatives from the: contractor; BIH clients, volunteers, program staff, and community advisory board. The Program Manager under this contract must be included as a QIP Committee member. Committee membership shall be described, at a minimum, by title and role, and the constituency represented (i.e., staff, client, board member). The Contractor shall review the Committee recommendations and ensure recommendations are appropriately implemented. The QIP Committee activities shall be documented and shall include, but are not limited to, agendas, sign-in sheets, and meeting minutes that include date, time, topics discussed, recommendations, and corrective actions. Documentation shall be made available at the time of the annual review.

B. Written Policies and Procedures - The QIP shall describe the process for reviewing and modifying written policies and procedures. In addition, the plan shall specify that policies be reviewed at a minimum of once a year, approved and signed by the Executive Director and Program Manager. Policies and procedures shall be based on essential program activities and the scope of work specific to this contract. Written policies and procedures shall be maintained on file and made available at the annual program review.

C. Client Feedback: The QIP shall include a written survey for client feedback regarding program effectiveness, accessibility, and client satisfaction. Describe the method(s)

to be used to obtain client feedback. Client feedback shall be collected annually. Describe how client feedback data will be managed by the QIP Committee and used to make improvements to the program.

D. Program Staff: The QIP shall describe the process for developing, training and monitoring staff performance. The QIP shall specify that staff is evaluated annually.

E. Measurable Program/Service Quality Indicators: Indicators are intended to measure 1) Process - How well the services are being provided, or 2) Outcome - The benefits and/or other results that clients experience during/after program participation. By developing a set of indicators, establishing a measurable minimum standard for each indicator, and conducting an assessment on the extent to which the indicator is achieved, the Contractor shall be able to assess the quality of service delivery on an on-going basis. Process and outcome indicators shall be developed based on key activities described in the scope of work. The QIP Committee is responsible for developing a plan of corrective action to address indicators that are marginally achieved, and for describing how the results of the measurable data will be used to improve services. The QIP shall require measurement of, and include at a minimum, the measurable program indicators/outcomes described in the Scopes of Work.

F. QIP Implementation: Contractor shall implement its QIP to ensure the quality of the services provided are assessed and improved on a continuous basis.

G. QIP Summary Reports: The QIP shall include the requirement for two (2) brief and concise QIP summary reports due December 15 (Mid-Year) and June 15 (Annual). These reports shall be developed by the QIP Committee and signed by the Executive Director. The following reports shall be made available to the County at the time of the annual program review:

(1) The Mid-Year QIP Summary Report which shall, at a minimum, document: areas of concern identified by the QIP Committee (i.e., program performance, results of process and outcome measures, data collected from client feedback, and results of plans of corrective action); and

(2) The Annual QIP Summary Report which shall, at minimum, document outcomes of implementing plans of corrective action for the previous six months and overall QIP program performance.

BIH
05/07/07

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to one year of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 By June 30, 2008, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 1 year of age.</p> <p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving MediCal and other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.</p>	<p>1.1a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p><u>Program Manager</u> – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DPH.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p> <p><u>Community Health Outreach Workers</u> – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p>Minimum Requirement – High School diploma or GED and six (6) months experience working with the public or interacting with community groups providing information.</p>	<p>07/01/07 – 06/30/08</p> <p>Hire by 08/01/07</p> <p>Hire by 08/01/07</p>	<p>1.1a Maintain on file: current job descriptions; recruitment ads/bulletins/flyers; employment applications and supporting documents.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p><u>Health Educator</u> – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field or Three (3) years of recent experience conducting group presentations and working with at-risk or high risk African American women.</p>	<p>Hire by 08/01/07</p>	
	<p><u>Data Clerk/Administrative Assistant</u> – Perform BIH-MIS data entry and clerical support.</p> <p>Minimum Requirement – High School diploma or GED and one (1) year experience inputting significant amounts of data, and two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	<p>Hire by 08/01/07</p>	

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.1 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DPH Automated Time Study procedures.</p>	<p>2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training.</p> <p>2.1b Staff and subcontractors will attend DPH Time Study Training, which includes training on the Automated Time Study software.</p>	<p>As scheduled</p>	<p>2.1a Maintain training certificates in employee and subcontractors' files.</p>
<p><i>During the first contract term, DPH will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.</i></p>	<p>2.1c To train staff and subcontractors that do not attend the State or DPH trainings, the Contractor will use the State-DPH Time Study training outline to train staff and subcontractors within the first two (2) weeks of their employment.</p>	<p>07/01/07 – 06/30/08</p>	<p>2.1c Maintain current State-DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.1d Staff and subcontractors will complete quarterly time study forms for August and November 2007, and February and May 2008. Submit original forms to DPH no later than the 5th working day of the month following the month the time study was conducted.</p>	<p>09/10/07 12/07/07 03/07/08 06/06/08</p>	<p>2.1d Maintain a copy of quarterly time study forms on file.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.</p> <p><i>During the first contract term, DPH will coordinate PCO, SSE, and BIH-MIS training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i></p>	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p> <p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DPH for approval.</p> <p>2.2c To train staff and subcontractors that do not attend the State BIH trainings, use the DPH-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p> <p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>As scheduled</p> <p>07/15/07</p> <p>07/15/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p> <p>2.2b Maintain training outline and DPH approval on file.</p> <p>2.2c Maintain training certificates in employee and subcontractors' files.</p> <p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.3 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program activities are trained on the DPH Techniques to Document Well Baby Visits and Immunizations.</p> <p><i>During the first contract term, DPH will conduct the Techniques to Document Well Baby Visits and Immunizations training. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</i></p>	<p>2.3a Staff and subcontractors will attend the DPH Techniques to Document Well Baby Visits and Immunizations training.</p> <p>2.3b To train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Techniques to Document Well Baby Visits and Immunizations manual to train staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>07/01/07 – 06/30/08</p>	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p> <p>2.3b Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
 JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 By June 30, 2008, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area and document 1,754 (minimum) community contacts.</p>	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DPH for approval.</p> <p>3.1b Update the resource directory/library and referral form(s) for staff and subcontractors to use.</p>	<p>07/15/07</p>	<p>3.1a Maintain community education contacts protocol and DPH approval on file.</p>
<p>A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.</p>	<p>3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	<p>07/01/07 – 06/30/08</p>	<p>3.1b Maintain an up-to-date resource directory/library and referral forms on file.</p> <p>3.1c Maintain materials and DPH approval(s) on file.</p>
<p>Target area - South Central Los Angeles: 90004, 90006, 90013, 90015, 90017, 90019, 90026, 90027, 90031, 90033, 90036, 90038, 90039, 90065, 90068, 90069, 90007, 90002, 90003, 90007, 90011, 90016, 90018, 90220, 90262, 90247, 90250, 90260, 90303, 90304</p>	<p>3.1d Schedule staff to conduct community education contacts in the target area. Staff and subcontractor itineraries must have a date, time, site name, zip code where the community education contact was made, and include a staff or subcontractor signature.</p>	<p>07/01/07 – 06/30/08</p>	<p>3.1d Maintain itineraries on file.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>3.1e Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DPH with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (greenbook), or can develop an Outreach Contact form for field use. The Contractor can only make a copy of the CSI form because changes cannot be made to the State CSI form.</p>	<p>07/01/07 – 06/30/08</p>	<p>3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed for women not enrolled in PCO; activity/event summary sheets and sign-in sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.1 By June 30, 2008, the Contractor will provide care coordination services to 516 (minimum) women enrolled in PCO.</p>	<p>4.1a Review and update the care coordination protocol. Submit protocol to DPH for approval.</p>	<p>08/01/07</p>	<p>4.1a Maintain care coordination protocol and DPH approval on file.</p>
<p>Care coordination services are non-diagnostic (no medical or psychological diagnosis or treatment); CHOWs follow clients from a socioeconomic perspective only.</p>	<p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DPH with the monthly report. A) CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder. B) The Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number.</p>	<p>07/01/07 -- 06/30/08</p>	<p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p>
	<p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the PCO curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client and signed-off by a staff/subcontractor and signature and date. The Contractor must use file folders that can maintain the file's contents securely.</p>	<p>07/01/07-- 06/30/08</p>	<p>4.1c Maintain client files confidentially in locked cabinets and ensure client files and BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review client files will be reviewed.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.2 By June 30, 2008, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.</p>	<p>4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.</p> <p>4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.</p> <p>4.2c Following the current immunizations schedule, CHOWs will document the immunizations the index child(ren) has received. If immunizations are not up-to-date, CHOWs will encourage and assist clients to obtain the needed immunizations.</p>	<p>07/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>4.2a Maintain training documentation in employee and subcontractors' files.</p> <p>4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.</p> <p>4.2c Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.1 By June 30, 2008, the Contractor will conduct SSE classes and graduate 122 (minimum) clients.</p> <p>Clients are eligible to graduate upon completion of at least six (6) of the eight (8) SSE class sessions.</p>	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DPH for approval.</p> <p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE.</p> <p>A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook.</p> <p>B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS.</p> <p>5.1c Choose a section of the client's care coordination file to maintain SSE information. SSE-client papers must be arranged in the same order and contain all administrative forms sited in the SSE curriculum. SSE files must have up-to-date documentation of interactions with the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of SSE incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers securely.</p> <p>A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class</p>	<p>08/01/07</p> <p>07/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>5.1a Maintain SSE care coordination protocol and DPH approval on file.</p> <p>5.1b Maintain on file a SSE class roster for each SSE class series, and sign-in sheets for each SSE class session. Maintain the SSE-client's greenbook data in the BIH-MIS.</p> <p>5.1c Maintain client files (permanent and/or temporary) in locked cabinets and ensure all SSE-client files and SSE BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review SSE-client files will be reviewed.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
 JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>series. Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.2 By June 30, 2008, the Contractor will ensure the SSE-client receives follow-up services.</p>	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the client's CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	<p>07/01/07 – 06/30/08</p>	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
<p>5.2b Participate in the DPH SSE Observations Visit(s). A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	<p>5.2b Participate in the DPH SSE Observations Visit(s). A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	<p>08/01/07 – 05/31/08</p>	<p>5.2b Maintain DPH SSE Observation Visit Evaluation(s) on file.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2008, the Contractor will enter client data into the BIH-MIS.	<p>6.1a The Contractor will install all necessary computer equipment.</p> <p>6.1b The Contractor will install the State BIH-MIS software.</p> <p>6.1c Review and update the data collection-data entry protocol. Submit protocol to DPH for approval.</p> <p>6.1d Input, update, and maintain client data in the State BIH-MIS.</p> <p>6.1e As specified by DPH, no later than the 15th of each month submit BIH-MIS data reports along with the monthly report and invoice.</p>	<p>07/15/07</p> <p>07/15/07</p> <p>08/01/07</p> <p>07/01/07 – 06/30/08</p> <p>08/15/07 – 06/30/08</p>	<p>6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications.</p> <p>6.1b The software is installed.</p> <p>6.1c Maintain data collection-data entry protocol and DPH approval on file.</p> <p>6.1d Client data is successfully uploaded electronically each month to the SDSU Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.</p> <p>6.1e The DPH Contractor's Monthly Report and Invoice Log.</p>
7.1 By June 30, 2008, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.	<p>7.1a Designated staff and/or subcontractors will attend the DPH Perinatal Periods of Risk (PPOR) trainings and/or meetings.</p> <p>7.1b Implement the DPH-approved PPOR program objective.</p>	<p>As scheduled</p> <p>07/01/07 – 06/30/08</p>	<p>7.1a Maintain training certificates in employee and subcontractors' files.</p> <p>7.1b Maintain Objective 7.1 documentation and DPH approval on file.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>8.1 By June 30, 2008, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.</p> <p><i>For the State MCH annual report, DPH will give the Contractor a Committee Membership Form (Form 8) to complete and return to DPH by June 30, 2008.</i></p>	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p> <p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p> <p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	<p>08/01/07</p> <p>By 09/15/07</p> <p>07/01/07 – 06/30/08</p>	<p>8.1a Maintain letters of solicitation on file.</p> <p>8.1b Maintain on file a current roster of board members.</p> <p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>
<p>9.1 By June 30, 2008, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.</p>	<p>9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2006-07 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DPH for approval at least 60 days prior to implementation.</p> <p>9.1b Conduct First Trimester Enrollment Campaign activities. If applicable, complete summary sheets and activity/event sign-in sheet(s). Submit activity/event summary sheet(s) to DPH with the monthly report.</p>	<p>By 10/15/07</p> <p>07/01/07 – 06/30/08</p>	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DPH approval on file.</p> <p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2007 through JUNE 30, 2008**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	8/01/07 – 06/30/08	9.1c See Method(s) of Evaluation 4.1b
<p>10.1 By June 30, 2008, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.</p> <p>BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.</p>	<p>10.1a In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Babies</i> event. Submit the CHB plan and publicity (PSA; fliers; print articles; etc.) to DPH for approval at least 90 days prior to the event.</p>	07/01/07 – 06/30/08	<p>10.1a Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DPH approval on file.</p>
<p>11.1 By June 30, 2008, the Contractor will educate pregnant clients on the causes of low birth weight.</p>	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth; drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DPH for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight subjects and document the dates and staff or subcontractor who discussed causes of low birth weight with the client and who distributed educational materials to the client.</p>	07/01/07 – 06/30/08	<p>11.1a Maintain materials and DPH approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>12.1 By June 30, 2008, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.</p>	<p>12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.</p> <p>12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	<p>07/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>12.1a Maintain training documentation in employee and subcontractors' files.</p> <p>12.1b Maintain materials and DPH approval(s) on file.</p>
	<p>12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).</p>	<p>07/01/07 – 06/30/08</p>	<p>12.1c Maintain Memorandums of Understanding on file.</p>
<p>13.1 By June 30, 2008, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.</p>	<p>12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.</p> <p>12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material and make applicable progress note entries.</p>	<p>07/01/07 – 06/30/08</p> <p>07/01/07 – 06/30/08</p>	<p>12.1d At the annual program review client files will be reviewed.</p> <p>12.1e At the annual program review client files will be reviewed.</p>
	<p>13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DPH for approval.</p>	<p>07/15/07</p>	<p>13.1a Maintain the SIDS Education form, educational materials, and DPH approval on file.</p>

Exhibit C-1

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2007 through JUNE 30, 2008

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>14.1 By June 30, 2008, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.</p>	<p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p> <p>13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.</p>	<p>07/30/07 – 06/30/08</p> <p>07/30/07 – 06/30/08</p>	<p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p> <p>13.1c Maintain documentation of the observations and feedback on the SIDS Education form.</p>
<p>14.1a Review and update the QIP and submit to DPH for approval. The QIP shall include the following components: Quality Improvement Committee, Written Policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually. These reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created: A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators;</p>		<p>10/01/07</p> <p>12/15/07</p>	<p>14.1a Maintain QIP and DPH approval on file. Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.</p>

Exhibit C-1

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2007 through JUNE 30, 2008**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>15.1 Throughout the term of this agreement, maintain effective communication and program coordination with DPH to maximize program efforts and to ensure continuity in the countywide BIH Program.</p>	<p>results of process and outcome measures; data collected from client feedback; plans of corrective action. B) Annual QI Summary Report – Document outcomes of implementing plans of correction action; overall QI process performance.</p>	<p>06/15/08</p>	
<p>15.1a</p>	<p>Attend the monthly DPH BIH Team Meeting, and host one (1) of these meetings. Required attendees at the DPH BIH Team Meetings: Program Manager, SSE Facilitator, (1) CHOW.</p>	<p>08/01/07 – 06/30/08</p>	<p>15.1a Meeting sign-in sheets.</p>
<p>15.1b</p>	<p>Participate in other State BIH and/or DPH BIH meetings and activities.</p>	<p>As scheduled</p>	<p>15.1b Meeting sign-in sheets.</p>

SCHEDULE 4

GREAT BEGINNINGS FOR BLACK BABIES, INC.
 BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

	<u>Budget Period</u>
	July 1, 2007 through <u>June 30, 2008</u>
Full-Time Salaries	\$271,797
Employee Benefits @ 26.15%	<u>71,075</u>
Total Full-Time Salaries and Employee Benefits	\$342,872
Part-Time Salaries	\$ 28,144
Employee Benefits @ 20.05%	\$ <u>5,643</u>
Total Part-Time Salaries and Employee Benefits	\$ 33,787
Total Salaries and Employee Benefits	\$376,659
Operating Expenses	\$ 63,172
Equipment	\$ 4,500
Rent	\$ 31,287
Subcontracts	\$ 2,600
Indirect Cost @ 10% of Salaries	<u>\$ 29,994</u>
TOTAL PROGRAM BUDGET	\$508,212

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to 1 year of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 By June 30, 2009, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 1 year of age.</p> <p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving Medicaid and other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.</p>	<p>1.1a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p><u>Program Manager</u> – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DPH.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p> <p>Community Health Outreach Workers – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p>Minimum Requirement – High School diploma or GED and six (6) months experience working with the public or interacting with community groups providing information.</p>	<p>07/01/08 – 06/30/09</p> <p>Hire by 08/01/08</p> <p>Hire by 08/01/08</p>	<p>1.1a Maintain on file: current job offer recruitment ads/bulletins/flyers; employment applications and support documents.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p><u>Health Educator</u> – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services. Minimum Requirement – A Bachelors degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field or Three (3) years of recent experience conducting group presentations and working with at-risk or high risk African American women.</p>	<p>Hire by 08/01/08</p>	
	<p><u>Data Clerk/Administrative Assistant</u> – Perform BIH-MIS data entry and clerical support. Minimum Requirement – High School diploma or GED and one (1) year experience inputting significant amounts of data, and two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	<p>Hire by 08/01/08</p>	

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.1 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors are implementing program activities, are trained on the State-mandated Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DPH Automated Time Study procedures.</p>	<p>2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training.</p>	<p>As scheduled</p>	<p>2.1a Maintain training certificates in employee and subcontractors' files.</p>
<p><i>During the first contract term, DPH will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.</i></p>	<p>2.1b Staff and subcontractors will attend DPH Time Study Training, which includes training on the Automated Time Study software.</p>	<p>As scheduled</p>	<p>2.1b Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.1c To train staff and subcontractors that do not attend the State or DPH trainings, the Contractor will use the State-DPH Time Study training outline to train staff and subcontractors within the first two (2) weeks of their employment.</p>	<p>07/01/08 – 06/30/09</p>	<p>2.1c Maintain current State-DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.1d Staff and subcontractors will complete quarterly time study forms for August and November 2008, and February and May 2009. Submit original forms to DPH no later than the 5th working day of the month following the month the time study was conducted.</p>	<p>09/08/08 12/05/08 03/06/09 06/05/09</p>	<p>2.1d Maintain a copy of quarterly time study forms on file.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.</p>	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p> <p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DPH for approval.</p>	<p>As scheduled</p> <p>07/15/08</p>	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p> <p>2.2b Maintain training outline and DPH approval on file.</p>
<p><i>During the first contract term, DPH will coordinate PCO, SSE, and BIH-MIS training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i></p>	<p>2.2c To train staff and subcontractors that do not attend the State BIH trainings, use the DPH-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>07/15/08 – 06/30/09</p>	<p>2.2c Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>07/01/08 – 06/30/09</p>	<p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.3 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program activities are trained on the DPH Techniques to Document Well Baby Visits and Immunizations.</p> <p><i>During the first contract term, DPH will conduct the Techniques to Document Well Baby Visits and Immunizations training. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</i></p>	<p>2.3a Staff and subcontractors will attend the DPH Techniques to Document Well Baby Visits and Immunizations training.</p> <p>2.3b To train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Techniques to Document Well Baby Visits and Immunizations manual to train staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>07/01/08 – 06/30/09</p>	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p> <p>2.3b Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>

Exhibit C-2

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 By June 30, 2009, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area and document 1,754 (minimum) community contacts.</p>	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DPH for approval.</p>	<p>07/15/08</p>	<p>3.1a Maintain community education contacts protocol and DPH approval on file.</p>
	<p>3.1b Update the resource directory/library and referral form(s) for staff and sub-contractors to use.</p>	<p>07/01/08 – 06/30/09</p>	<p>3.1b Maintain an up-to-date resource directory/library and referral forms on file.</p>
<p>A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.</p>	<p>3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	<p>07/01/08 – 06/30/09</p>	<p>3.1c Maintain materials and DPH approval(s) on file.</p>
<p>Target area - South Central Los Angeles: 90004, 90006, 90013, 90015, 90017, 90019, 90026, 90027, 90031, 90033, 90036, 90038, 90039, 90065, 90068, 90069, 90001, 90002, 90003, 90007, 90011, 90016, 90018, 90220, 90262, 90247, 90250, 90260, 90303, 90304</p>	<p>3.1d Schedule staff to conduct community education contacts in the target area. Staff and subcontractor itineraries must have a date, time, site name, zip code where the community education contact was made, and include a staff or subcontractor signature.</p>	<p>07/01/08 – 06/30/09</p>	<p>3.1d Maintain itineraries on file.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>3.1e Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DPH with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (greenbook), or can develop an Outreach Contact form for field use. The Contractor can only make a copy of the CSI form because changes cannot be made to the State CSI form.</p>	<p>07/01/08 – 06/30/09</p>	<p>3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed for women not enrolled in PCO; activity/event summary sheets and sign-in sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.1 By June 30, 2009, the Contractor will provide care coordination services to 516 (minimum) women enrolled in PCO.</p>	<p>4.1a Review and update the care coordination protocol. Submit protocol to DPH for approval.</p>	<p>08/01/08</p>	<p>4.1a Maintain care coordination protocol and DPH approval on file.</p>
<p>Care coordination services are non-diagnostic (no medical or psychological diagnosis or treatment); CHOWs follow clients from a socioeconomic perspective only.</p>	<p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DPH with the monthly report. A) CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder. B) The Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number.</p>	<p>07/01/08 – 06/30/09</p>	<p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p>
	<p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the PCO curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client and signed-off by a staff/subcontractor signature and date. The Contractor must use file folders that can maintain the file's contents <u>securely</u>.</p>	<p>07/01/08 – 06/30/09</p>	<p>4.1c Maintain client files confidentially in locked cabinets and ensure client files and BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review client files will be reviewed.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.2 By June 30, 2009, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.</p>	<p>4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.</p>	<p>07/01/08 – 06/30/09</p>	<p>4.2a Maintain training documentation in employee and subcontractors' files.</p>
	<p>4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.</p>	<p>07/01/08 – 06/30/09</p>	<p>4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.</p>
	<p>4.2c Following the current immunizations schedule, CHOWs will document the immunizations the index child(ren) has received. If immunizations are not up-to-date, CHOWs will encourage and assist clients to obtain the needed immunizations.</p>	<p>07/01/08 – 06/30/09</p>	<p>4.2c Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.</p>

Exhibit C-2

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.1 By June 30, 2009, the Contractor will conduct SSE classes and graduate 122 (minimum) clients.</p> <p>Clients are eligible to graduate upon completion of at least six (6) of the eight (8) SSE class sessions.</p>	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DPH for approval.</p> <p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE.</p> <p>A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook.</p> <p>B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS.</p> <p>5.1c Choose a section of the client's care coordination file to maintain SSE information. SSE-client papers must be arranged in the same order and contain all administrative forms sited in the SSE curriculum. SSE files must have up-to-date documentation of interactions with the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of SSE incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers securely.</p> <p>A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class</p>	<p>08/01/08</p> <p>07/01/08 – 06/30/09</p> <p>07/01/08 – 06/30/09</p>	<p>5.1a Maintain SSE care coordination protocol and DPH approval on file.</p> <p>5.1b Maintain on file a SSE class roster for each SSE class series, and sign-in sheets for each SSE class session. Maintain the SSE-client's greenbook data in the BIH-MIS.</p> <p>5.1c Maintain client files (permanent and/or temporary) in locked cabinets and ensure all SSE-client files and SSE BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review SSE-client files will be reviewed.</p>

Exhibit C-2

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>series. Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.2 By June 30, 2009, the Contractor will ensure the SSE-client receives follow-up services.</p>	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the client's CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	<p>07/01/08 – 06/30/09</p>	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
<p>5.2b Participate in the DPH SSE Observations Visit(s).</p>	<p>A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	<p>08/01/08 – 05/31/09</p>	<p>5.2b Maintain DPH SSE Observation Visit Evaluation(s) on file.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2009, the Contractor will enter client data into the BIH-MIS.	6.1a The Contractor will install all necessary computer equipment.	07/15/08	6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications.
	6.1b The Contractor will install the State BIH-MIS software.	07/15/08	6.1b The software is installed.
	6.1c Review and update the data collection-data entry protocol. Submit protocol to DPH for approval.	08/01/08	6.1c Maintain data collection-data entry protocol and DPH approval on file.
	6.1d Input, update, and maintain client data in the State BIH-MIS.	07/01/08 – 06/30/09	6.1d Client data is successfully uploaded electronically each month to the SDSU Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.
	6.1e As specified by DPH, no later than the 15 th of each month submit BIH-MIS data reports along with the monthly report and invoice.	08/15/08 – 06/30/09	6.1e The DPH Contractor's Monthly Report and Invoice Log.
7.1 By June 30, 2009, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.	7.1a Designated staff and/or subcontractors will attend the DPH Perinatal Periods of Risk (PPOR) trainings and/or meetings.	As scheduled	7.1a Maintain training certificates in employee and subcontractors' files.
	7.1b Implement the DPH-approved PPOR program objective.	07/01/08 – 06/30/09	7.1b Maintain Objective 7.1 documentation and DPH approval on file.

Exhibit C-2

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>8.1 By June 30, 2009, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.</p>	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p>	<p>08/01/08</p>	<p>8.1a Maintain letters of solicitation on file.</p>
	<p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p>	<p>By 09/15/08</p>	<p>8.1b Maintain on file a current roster of board members.</p>
<p>For the State MCH annual report, DPH will give the Contractor a Committee Membership Form (Form 8) to complete and return to DPH by June 30, 2008.</p>	<p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	<p>07/01/08 – 06/30/09</p>	<p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>
<p>9.1 By June 30, 2009, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.</p>	<p>9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2006-07 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DPH for approval at least 60 days prior to implementation.</p>	<p>By 10/15/08</p>	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DPH approval on file.</p>
	<p>9.1b Conduct First Trimester Enrollment Campaign activities, if applicable, complete summary sheets and activity/event sign-in sheet(s). Submit activity/event summary sheet(s) to DPH with the monthly report.</p>	<p>07/01/08 – 06/30/09</p>	<p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p>

Exhibit C-2

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	<p>8/01/08 – 06/30/09</p>	<p>9.1c See Method(s) of Evaluation 4.1b</p>
<p>10.1 By June 30, 2009, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.</p> <p>BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.</p>	<p>10.1a In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Babies</i> event. Submit the CHB plan and publicity (PSA; flyers; print articles; etc.) to DPH for approval at least 90 days prior to the event.</p>	<p>07/01/08 – 06/30/09</p>	<p>10.1a Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DPH approval on file.</p>
<p>11.1 By June 30, 2009, the Contractor will educate pregnant clients on the causes of low birth weight.</p>	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth; drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DPH for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight subjects and document the dates and staff or subcontractor who discussed causes of low birth weight with the client and who distributed educational materials to the client.</p>	<p>07/01/08 – 06/30/09</p>	<p>11.1a Maintain materials and DPH approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>

Exhibit C-2

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>12.1 By June 30, 2009, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.</p>	<p>12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.</p> <p>12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	<p>07/01/08 – 06/30/09</p> <p>07/01/08 – 06/30/09</p>	<p>12.1a Maintain training documentation in employee and subcontractors' files.</p> <p>12.1b Maintain materials and DPH approval(s) on file.</p>
	<p>12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).</p>	<p>07/01/08 – 06/30/09</p>	<p>12.1c Maintain Memorandums of Understanding on file.</p>
<p>13.1 By June 30, 2009, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.</p>	<p>12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.</p> <p>12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material and make applicable progress note entries.</p> <p>13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DPH for approval.</p>	<p>07/01/08 – 06/30/09</p> <p>07/01/08 – 06/30/09</p> <p>07/15/08</p>	<p>12.1d At the annual program review client files will be reviewed.</p> <p>12.1e At the annual program review client files will be reviewed.</p> <p>13.1a Maintain the SIDS Education form, educational materials, and DPH approval on file.</p>

Exhibit C-2

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
 JULY 1, 2008 through JUNE 30, 2009

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>14.1 By June 30, 2008, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.</p>	<p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p> <p>13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.</p>	<p>07/30/08 – 06/30/09</p> <p>07/30/08 – 06/30/09</p>	<p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p> <p>13.1c Maintain documentation of the observations and feedback on the SIDS Education form.</p>
<p>14.1a By June 30, 2008, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.</p>	<p>14.1a Review and update the QIP and submit to DPH for approval. The QIP shall include the following components: Quality Improvement Committee, Written Policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually. These reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created: A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators;</p>	<p>10/01/08</p> <p>12/15/08</p>	<p>14.1a Maintain QIP and DPH approval on file. Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.</p>

SCHEDULE 5

GREAT BEGINNINGS FOR BLACK BABIES, INC.
BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

	<u>Budget Period</u>
	July 1, 2008 through <u>June 30, 2009</u>
Full-Time Salaries	\$271,797
Employee Benefits @ 26.15%	<u>71,075</u>
Total Full-Time Salaries and Employee Benefits	\$342,872
Part-Time Salaries	\$ 28,144
Employee Benefits @ 20.05%	<u>5,643</u>
Total Part-Time Salaries and Employee Benefits	\$ 33,787
Total Salaries and Employee Benefits	\$376,659
Operating Expenses	\$ 63,172
Equipment	\$ 4,500
Rent	\$ 31,287
Subcontracts	\$ 2,600
Indirect Cost @ 10% of Salaries	<u>\$ 29,994</u>
TOTAL PROGRAM BUDGET	\$508,212

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to 1 year of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 By June 30, 2010, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 1 year of age.</p> <p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving MediCal and other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.</p>	<p>1.1a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p><u>Program Manager</u> – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DPH.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p> <p><u>Community Health Outreach Workers</u> – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p>Minimum Requirement – High School diploma or GED and six (6) months experience working with the public or interacting with community groups providing information.</p>	<p>07/01/09 – 06/30/10</p> <p>Hire by 08/01/09</p> <p>Hire by 08/01/09</p>	<p>1.1a Maintain on file: current job order recruitment ads/bulletins/flyers; employment applications and support documents.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>Health Educator – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field or Three (3) years of recent experience conducting group presentations and working with at-risk or high risk African American women.</p>	<p>Hire by 08/01/09</p>	
	<p>Data Clerk/Administrative Assistant – Perform BIH-MIS data entry and clerical support.</p> <p>Minimum Requirement – High School diploma or GED and one (1) year experience inputting significant amounts of data, and two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	<p>Hire by 08/01/09</p>	

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.1 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DPH Automated Time Study procedures.</p>	<p>2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training.</p> <p>2.1b Staff and subcontractors will attend DPH Time Study Training, which includes training on the Automated Time Study software.</p>	<p>As scheduled</p> <p>As scheduled</p>	<p>2.1a Maintain training certificates in employee and subcontractors' files.</p> <p>2.1b Maintain training certificates in employee and subcontractors' files.</p>
<p><i>During the first contract term, DPH will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.</i></p>	<p>2.1c To train staff and subcontractors that do not attend the State or DPH trainings, the Contractor will use the State-DPH Time Study training outline to train staff and subcontractors within the first two (2) weeks of their employment.</p>	<p>07/01/09 – 06/30/10</p>	<p>2.1c Maintain current State-DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.1d Staff and subcontractors will complete quarterly time study forms for August and November 2009, and February and May 2010. Submit original forms to DPH no later than the 5th working day of the month following the month the time study was conducted.</p>	<p>09/08/09 12/07/09 03/05/10 06/07/10</p>	<p>2.1d Maintain a copy of quarterly time study forms on file.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.</p>	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p>	<p>As scheduled</p>	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DPH for approval.</p>	<p>07/15/09</p>	<p>2.2b Maintain training outline and DPH approval on file.</p>
<p><i>During the first contract term, DPH will coordinate PCO, SSE, and BIH-MIS training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i></p>	<p>2.2c To train staff and subcontractors that do not attend the State BIH trainings, use the DPH-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>07/15/09 – 06/30/10</p>	<p>2.2c Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>07/01/09 – 06/30/10</p>	<p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.3 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program activities are trained on the DPH Techniques to Document Well Baby Visits and Immunizations.</p> <p><i>During the first contract term, DPH will conduct the Techniques to Document Well Baby Visits and Immunizations training. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</i></p>	<p>2.3a Staff and subcontractors will attend the DPH Techniques to Document Well Baby Visits and Immunizations training.</p> <p>2.3b To train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Techniques to Document Well Baby Visits and Immunizations manual to train staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>As scheduled</p> <p>07/01/09 – 06/30/10</p>	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p> <p>2.3b Maintain current DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 By June 30, 2010, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area and document 1,754 (minimum) community contacts.</p>	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DPH for approval.</p>	<p>07/15/09</p>	<p>3.1a Maintain community education contacts protocol and DPH approval on file.</p>
<p>A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.</p>	<p>3.1b Update the resource directory/library and referral form(s) for staff and subcontractors to use.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1b Maintain an up-to-date resource directory/library and referral forms on file.</p>
<p>Target area - South Central Los Angeles: 90004, 90006, 90013, 90015, 90017, 90019, 90026, 90027, 90031, 90033, 90036, 90038, 90039, 90065, 90068, 90069, 90001, 90002, 90003, 90007, 90011, 90016, 90018, 90220, 90262, 90247, 90250, 90260, 90303, 90304</p>	<p>3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1c Maintain materials and DPH approval(s) on file.</p>
	<p>3.1d Schedule staff to conduct community education contacts in the target area. Staff and subcontractor itineraries must have a date, time, site name, zip code where the community education contact was made, and include a staff or subcontractor signature.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1d Maintain itineraries on file.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>3.1e Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DPH with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (greenbook), or can develop an Outreach Contact form for field use. The Contractor can only make a copy of the CSI form because changes cannot be made to the State CSI form.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed for women not enrolled in PCO; activity/event summary sheets and sign-in sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.</p>

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.1 By June 30, 2010, the Contractor will provide care coordination services to 516 (minimum) women enrolled in PCO.</p>	<p>4.1a Review and update the care coordination protocol. Submit protocol to DPH for approval.</p>	08/01/09	<p>4.1a Maintain care coordination protocol and DPH approval on file.</p>
<p>Care coordination services are non-diagnostic (no medical or psychological diagnosis or treatment); CHOWs follow clients from a socioeconomic perspective only.</p>	<p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DPH with the monthly report.</p> <p>A) CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder.</p> <p>B) The Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number.</p>	07/01/09 – 06/30/10	<p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p>
	<p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the PCO curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client and signed-off by a staff/subcontractor signature and date. The Contractor must use file folders that can maintain the file's contents <u>securely</u>.</p>	07/01/09 – 06/30/10	<p>4.1c Maintain client files confidentially in locked cabinets and ensure client files and BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review client files will be reviewed.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.2 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.</p>	<p>4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.</p>	<p>07/01//09 – 06/30/10</p>	<p>4.2a Maintain training documentation in employee and subcontractors' files.</p>
	<p>4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.</p>	<p>07/01//09 – 06/30/10</p>	<p>4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.</p>
	<p>4.2c Following the current immunizations schedule, CHOWs will document the immunizations the index child(ren) has received. If immunizations are not up-to-date, CHOWs will encourage and assist clients to obtain the needed immunizations.</p>	<p>07/01//09 – 06/30/10</p>	<p>4.2c Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.</p>

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.1 By June 30, 2010, the Contractor will conduct SSE classes and graduate 122 (minimum) clients.</p> <p>Clients are eligible to graduate upon completion of at least six (6) of the eight (8) SSE class sessions.</p>	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DPH for approval.</p> <p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE. A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook. B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS.</p> <p>5.1c Choose a section of the client's care coordination file to maintain SSE information. SSE-client papers must be arranged in the same order and contain all administrative forms sited in the SSE curriculum. SSE files must have up-to-date documentation of interactions with the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of SSE incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers securely. A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class</p>	<p>08/01/09</p> <p>07/01/09 – 06/30/10</p> <p>07/01/09 – 06/30/10</p>	<p>5.1a Maintain SSE care coordination protocol and DPH approval on file.</p> <p>5.1b Maintain on file a SSE class roster for each SSE class series, and sign-in sheets for each SSE class session. Maintain the SSE-client's greenbook data in the BIH-MIS.</p> <p>5.1c Maintain client files (permanent and/or temporary) in locked cabinets and ensure all SSE-client files and SSE BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review SSE-client files will be reviewed.</p>

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>series. Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.2 By June 30, 2010, the Contractor will ensure the SSE-client receives follow-up services.</p>	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the client's CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	<p>07/01/09 – 06/30/10</p>	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
	<p>5.2b Participate in the DPH SSE Observations Visit(s). A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	<p>08/01/09 – 05/31/10</p>	<p>5.2b Maintain DPH SSE Observation Visit Evaluation(s) on file.</p>

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2010, the Contractor will enter client data into the BIH-MIS.	6.1a The Contractor will install all necessary computer equipment.	07/15/09	6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications.
	6.1b The Contractor will install the State BIH-MIS software.	07/15/09	6.1b The software is installed.
	6.1c Review and update the data collection-data entry protocol. Submit protocol to DPH for approval.	08/01/09	6.1c Maintain data collection-data entry protocol and DPH approval on file.
	6.1d Input, update, and maintain client data in the State BIH-MIS.	07/01/09 – 06/30/10	6.1d Client data is successfully uploaded electronically each month to the SDSU Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.
	6.1e As specified by DPH, no later than the 15 th of each month submit BIH-MIS data reports along with the monthly report and invoice.	08/15/09 – 06/30/10	6.1e The DPH Contractor's Monthly Report and Invoice Log.
7.1 By June 30, 2010, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.	7.1a Designated staff and/or subcontractors will attend the DPH Perinatal Periods of Risk (PPOR) trainings and/or meetings.	As scheduled	7.1a Maintain training certificates in employee and subcontractors' files.
	7.1b Implement the DPH-approved PPOR program objective.	07/01/09 – 06/30/10	7.1b Maintain Objective 7.1 documentation and DPH approval on file.

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>8.1 By June 30, 2010, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.</p> <p><i>For the State MCH annual report, DPH will give the Contractor a Committee Membership Form (Form 8) to complete and return to DPH by June 30, 2008.</i></p>	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p> <p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p> <p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	<p>08/01/09</p> <p>By 09/15/09</p> <p>07/01/09 – 06/30/10</p>	<p>8.1a Maintain letters of solicitation on file.</p> <p>8.1b Maintain on file a current roster of board members.</p> <p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>
<p>9.1 By June 30, 2010, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.</p>	<p>9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2006-07 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DPH for approval at least 60 days prior to implementation.</p> <p>9.1b Conduct First Trimester Enrollment Campaign activities. If applicable, complete summary sheets and activity/event sign-in sheet(s). Submit activity/event summary sheet(s) to DPH with the monthly report.</p>	<p>By 10/15/09</p> <p>07/01/09 – 06/30/10</p>	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DPH approval on file.</p> <p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	<p>8/01/09 – 06/30/10</p>	<p>9.1c See Method(s) of Evaluation 4.1b</p>
<p>10.1 By June 30, 2010, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.</p> <p>BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.</p>	<p>10.1a In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Babies</i> event. Submit the CHB plan and publicity (PSA; fliers; print articles; etc.) to DPH for approval at least 90 days prior to the event.</p>	<p>07/01/09 – 06/30/10</p>	<p>10.1a Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DPH approval on file.</p>
<p>11.1 By June 30, 2010, the Contractor will educate pregnant clients on the causes of low birth weight.</p>	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth; drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DPH for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight subjects and document the dates and staff or subcontractor who discussed causes of low birth weight with the client and who distributed educational materials to the client.</p>	<p>07/01/09 – 06/30/10</p>	<p>11.1a Maintain materials and DPH approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
12.1 By June 30, 2010, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.	12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.	07/01/09 – 06/30/10	12.1a Maintain training documentation in employee and subcontractors' files.
	12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DPH for approval 30 days prior to intended use.	07/01/09 – 06/30/10	12.1b Maintain materials and DPH approval(s) on file.
	12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).	07/01/09 – 06/30/10	12.1c Maintain Memorandums of Understanding on file.
	12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.	07/01/09 – 06/30/10	12.1d At the annual program review client files will be reviewed.
	12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material and make applicable progress note entries.	07/01/09 – 06/30/10	12.1e At the annual program review client files will be reviewed.
13.1 By June 30, 2010, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.	13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DPH for approval.	07/15/09	13.1a Maintain the SIDS Education form, educational materials, and DPH approval on file.

Exhibit C-3

BLACK INFANT HEALTH (BIH) PROGRAM
SCOPE OF WORK
JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p>	<p>07/30/09 – 06/30/10</p>	<p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p>
	<p>13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.</p>	<p>07/30/09 – 06/30/10</p>	<p>13.1c Maintain documentation of the observations and feedback on the SIDS Education form.</p>
<p>14.1 By June 30, 2010, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.</p>	<p>14.1a Review and update the QIP and submit to DPH for approval. The QIP shall include the following components: Quality Improvement Committee, Written Policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually. These reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created: A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators;</p>	<p>10/01/09</p>	<p>14.1a Maintain QIP and DPH approval on file. Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.</p>
		<p>12/15/09</p>	

Exhibit C-3

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>15.1 Throughout the term of this agreement, maintain effective communication and program coordination with DPH to maximize program efforts and to ensure continuity in the countywide BIH Program.</p>	<p>results of process and outcome measures; data collected from client feedback; plans of corrective action. B) Annual QI Summary Report – Document outcomes of implementing plans of correction action; overall QI process performance.</p>	<p>06/15/10</p>	
<p>15.1a</p>	<p>Attend the monthly DPH BIH Team Meeting, and host one (1) of these meetings. Required attendees at the DPH BIH Team Meetings: Program Manager, SSE Facilitator, (1) CHOW.</p>	<p>08/01/09 – 06/30/10</p>	<p>15.1a Meeting sign-in sheets.</p>
<p>15.1b</p>	<p>Participate in other State BIH and/or DPH BIH meetings and activities.</p>	<p>As scheduled</p>	<p>15.1b Meeting sign-in sheets.</p>

SCHEDULE 6

GREAT BEGINNINGS FOR BLACK BABIES, INC.
 BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

	<u>BUDGET PERIOD</u>
	July 1, 2009 through <u>June 30, 2010</u>
Full-Time Salaries	\$271,797
Employee Benefits @ 26.15%	<u>71,075</u>
Total Full-Time Salaries and Employee Benefits	\$342,872
Part-Time Salaries	\$ 28,144
Employee Benefits @ 20.05%	<u>\$ 5,643</u>
Total Part-Time Salaries and Employee Benefits	\$ 33,787
Total Salaries and Employee Benefits	\$376,659
Operating Expenses	\$ 63,172
Equipment	\$ 4,500
Rent	\$ 31,287
Subcontracts	\$ 2,600
Indirect Cost @ 10% of Salaries	<u>\$ 29,994</u>
TOTAL PROGRAM BUDGET	\$508,212

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.

BLACK INFANT HEALTH PROGRAM SERVICES
IN LOS ANGELES COUNTY AGREEMENT

AMENDMENT NO. 3

THIS AMENDMENT is made and entered into this _____ day
of _____, 2007,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

PARTNERS IN CARE FOUNDATION
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled
"BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY
AGREEMENT", dated June 15, 2004, and further identified as County
Agreement No. H-700340, and any amendments thereto, (all
hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to extend the terms of the Agreement and to make other
hereafter described changes; and

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall be effective on Date of Board
Approval.

2. Agreement Paragraph 1, TERM, subparagraph 1, shall be amended to read as follows:

"1. TERM: The term of this Agreement shall commence upon date of Board approval, and shall continue, unless sooner terminated or cancelled, in full force and effect to midnight June 30, 2010 without further action by either party unless notice in writing of a party's intention not to so renew is given to the other party at least (30) calendar days prior to termination. This Agreement may be terminated, with or without cause, by Contractor upon giving of at least thirty (30) calendar days advance written notice to County. County may terminate this Agreement in accordance with the TERMINATION paragraphs of the ADDITIONAL PROVISIONS hereunder. In any event, this Agreement shall finally expire on June 30, 2010."

3. Agreement Paragraph 2, DESCRIPTION OF SERVICES, shall be revised to read as follows:

"2. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibit A-8, attached hereto and incorporated herein by reference."

4. Subparagraph F of Agreement Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, of the body of the Agreement shall be added to read as follows:

"3. MAXIMUM OBLIGATION OF COUNTY:

F. During the period commencing July 1, 2009

through June 30, 2010, the maximum obligation of County for all services provided under this Agreement shall not exceed Two Hundred Twenty-Eight Thousand, Nine Hundred Dollars (\$228,900). This sum represents the total maximum obligation of County as shown in Schedule 6, attached hereto and incorporated herein by reference."

5. Subparagraph A of Agreement Paragraph 4, FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS, shall be revised to read as follows:

"4. FUNDING/SERVICES ADJUSTMENTS AND REALLOCATIONS:

A. If sufficient monies are available from Federal, State, or County funding sources, and upon Director's or his/her authorized designee (s) specific written approval, County may require additional services and pass on to Contractor an increase to the applicable County maximum obligation as payment for such services, as determined by County. For the purposes of this provision, Director's authorized designee shall be the Chief Deputy Director, Department of Public Health. If any monies are reduced by Federal, State, or County funding sources, County may also decrease the applicable County maximum obligation of each fiscal year as determined by County. Such funding changes will not be retroactive, but will apply to future services following the provision of written notice from Director to

Contractor. If such increase or decrease does not exceed fifteen percent (15%) of the applicable County maximum obligation, Director may approve such funding changes. Director may also approve increases or decreases up to fifty percent (50%) of the Fiscal Year 2007-2010 maximum obligation to accommodate available State funding levels and to reallocate funds among existing BIH contractors as necessary to ensure continuity of services, not exceed available State funding, upon approval by County Counsel and notification to the Board. Director shall provide prior written notice of such funding changes to Contractor and to County's Chief Administrative Officer. If the increase or decrease exceeds fifteen percent (15%) of the applicable County maximum obligation for reasons other than those specified above, approval by County's Board of Supervisors shall be required. Any such change in any County maximum obligation shall be effected by an amendment to this Agreement pursuant to the ALTERATIONS OF TERMS Paragraph of this Agreement."

6. Paragraph 6, COMPENSATION, of the body of the Agreement shall be amended to read as follows:

"6. COMPENSATION: County agrees to compensate Contractor for performing services hereunder for actual reimbursable net cost as set forth in Schedule 6, and the BILLING AND PAYMENT Paragraph of the ADDITIONAL PROVISION,

Director of Public Health, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

PARTNERS IN CARE FOUNDATION
Contractor

By _____
Signature

JAMES A COOK
Print Name

Title Chief Operating Officer
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
RAYMOND G. FORTNER
County Counsel

APPROVED AS TO CONTRACT ADMINISTRATION:

Department of Public Health

By _____
Gary T. Izumi, Chief,
Contracts and Grants Division

AMEND00160.PO
5/24/07

Exhibit A-8

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

Goals:

1. Reduce African American infant mortality through comprehensive community-based efforts by assuring that at-risk pregnant and parenting women and their children up to two years of age have access to quality maternal and child health services.
2. Increase the number of African American women who receive prenatal care in the first trimester.
3. Reduce the number of African American infants who weigh less than 2,500 grams at birth.
4. Reduce the number of African American women who smoke, use alcohol, and/or non-prescription drugs during pregnancy.
5. Reduce the number of African American babies who die due to Sudden Infant Death Syndrome (SIDS).
6. Reduce African American maternal mortality.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>1.1 By June 30, 2010, the Contractor will conduct a community-based Black Infant Health (BIH) Program that supports, facilitates, and promotes culturally competent and better health care services for at-risk African American women (18 years of age and older) who are pregnant or parenting a child under 1 year of age.</p> <p>A useful definition of cultural competence is: "Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."</p> <p>Characteristics that contribute to the "at-risk" status include, but is not limited to (1) women who have experienced a fetal or infant demise, (2) women delivering a previous low birth weight and/or premature baby, (3) pregnant/parenting women who have not accessed appropriate health care and/or other supportive services due to systemic or personal barriers, (4) pregnant/parenting women who require assistance in accessing and receiving MediCal and other required services due to systemic or personal barriers, and (5) women who have an inadequate support system.</p>	<p>1.1a Maintain culturally competent staff to perform program services.</p> <p>The staff required to perform BIH services:</p> <p>Program Manager – Coordinate and oversee the implementation of the State BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) models, and the Data Collection System (BIH-MIS). Serve as the program liaison to DPH.</p> <p>Minimum Requirement – A Bachelors degree from an accredited college or university in health care or public administration, or a closely related field and three (3) years of highly responsible staff experience including the supervision of 5 or more employees.</p> <p>Community Health Outreach Workers – Provide care coordination services as outlined in the PCO curriculum, and assist with SSE.</p> <p>Minimum Requirement – High School diploma or GED and six (6) months experience working with the public or interacting with community groups providing information.</p>	<p>07/01/09 – 06/30/10</p> <p>Hire by 08/01/09</p> <p>Hire by 08/01/09</p>	<p>1.1a Maintain on file: current job descriptions; recruitment ads/bulletins/flyers; employment applications and supporting documents.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p><u>Health Educator</u> – Facilitate the SSE curriculum and coordinate SSE effort with care coordination services. Minimum Requirement – A Bachelors degree from an accredited college or university in Health Education, Ethnic Studies, Social Work, or a closely related field or Three (3) years of recent experience conducting group presentations and working with at-risk or high risk African American women.</p>	<p>Hire by 08/01/09</p>	
	<p><u>Data Clerk/Administrative Assistant</u> – Perform BIH-MIS data entry and clerical support. Minimum Requirement – High School diploma or GED and one (1) year experience inputting significant amounts of data, and two (2) years experience performing general office duties including word processing, answering phones, and maintaining filing systems.</p>	<p>Hire by 08/01/09</p>	

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.1 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated Maternal and Child Health (MCH) Federal Financial Participation (FFP) Program, and on the DPH Automated Time Study procedures.</p>	<p>2.1a Staff and subcontractors will attend the State MCH FFP Program (Time Study) training.</p> <p>2.1b Staff and subcontractors will attend DPH Time Study Training, which includes training on the Automated Time Study software.</p>	<p>As scheduled</p>	<p>2.1a Maintain training certificates in employee and subcontractors' files.</p> <p>2.1b Maintain training certificates in employee and subcontractors' files.</p>
<p><i>During the first contract term, DPH will coordinate Time Study training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors.</i></p>	<p>2.1c Train staff and subcontractors that do not attend the State or DPH trainings, the Contractor will use the State-DPH Time Study training outline to train staff and subcontractors within the first two (2) weeks of their employment.</p>	<p>07/01/09 – 06/30/10</p>	<p>2.1c Maintain current State-DPH training outline on file. Maintain training certificates in employee and subcontractors' files.</p>
	<p>2.1d Staff and subcontractors will complete quarterly time study forms for August and November 2009, and February and May 2010. Submit original forms to DPH no later than the 5th working day of the month following the month the time study was conducted.</p>	<p>09/08/09 12/07/09 03/05/10 06/07/10</p>	<p>2.1d Maintain a copy of quarterly time study forms on file.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.2 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program activities, are trained on the State-mandated BIH Prenatal Care Outreach (PCO) and Social Support & Empowerment (SSE) model interventions, BIH-MIS, and other relevant training.</p>	<p>2.2a Staff and subcontractors will attend the State BIH PCO, SSE, and Data System (BIH-MIS) trainings.</p> <p>2.2b Review and update the PCO, SSE, and BIH-MIS training outline. Submit training outline to DPH for approval.</p>	<p>As scheduled</p>	<p>2.2a Maintain training certificates in employee and subcontractors' files.</p>
<p><i>During the first contract term, DPH will coordinate PCO, SSE, and BIH-MIS training with the State BIH Program Office. Thereafter, the Contractor is responsible for training all staff and subcontractors to implement PCO and SSE, and to perform data system activities.</i></p>	<p>2.2c Train staff and subcontractors that do not attend the State BIH trainings, use the DPH-approved PCO, SSE, and BIH-MIS training outline. The Contractor will conduct and complete training for staff and subcontractors within the first sixty (60) days of their employment.</p>	<p>07/15/09 – 06/30/10</p>	<p>2.2c Maintain training certificates in employee and subcontractors' files.</p>
<p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>2.2d Provide staff and subcontractors training on perinatal health issues and other topics that will improve their knowledge and ability to perform program services competently. Training topics include, but are not limited to, those identified in the State PCO curriculum.</p>	<p>07/01/09 – 06/30/10</p>	<p>2.2d Maintain training documentation in employee and subcontractors' files.</p>

Exhibit A-8

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>2.3 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program activities are trained on the DPH Techniques to Document Well Baby Visits and Immunizations.</p>	<p>2.3a Staff and subcontractors will attend the DPH Techniques to Document Well Baby Visits and Immunizations training.</p>	As scheduled	<p>2.3a Maintain training certificates in employee and subcontractors' files.</p>
<p>During the first contract term, DPH will conduct the Techniques to Document Well Baby Visits and Immunizations training. Thereafter, the Contractor is responsible for training all staff and subcontractors performing PCO and SSE services.</p>	<p>2.3b To train staff and subcontractors that do not attend the DPH training, the Contractor will use the DPH Techniques to Document Well Baby Visits and Immunizations manual to train staff and subcontractors within the first sixty (60) days of their employment.</p>	07/01/09 -- 06/30/10	<p>2.3b Maintain current DPH training manual on file. Maintain training certificates in employee and subcontractors' files.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>3.1 By June 30, 2010, the Contractor will increase awareness about African American infant mortality and BIH Program services by conducting culturally competent street-based community education in the target area and document 251 (minimum) community contacts.</p>	<p>3.1a Review and update the community education contacts protocol. Submit protocol to DPH for approval.</p> <p>3.1b Update the resource directory/library and referral form(s) for staff and subcontractors to use.</p>	<p>07/15/09</p>	<p>3.1a Maintain community education contacts protocol and DPH approval on file.</p>
<p>A community education contact is defined as speaking face-to-face with someone, or to a group of people, to inform them about African American infant mortality issues impacting the service area, and to identify African American women who are eligible for BIH services.</p>	<p>3.1c Develop or use existing culturally appropriate flyers/literature to disseminate during community education activities. Submit created and existing materials to DPH for approval 30 days prior to intended use.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1b Maintain an up-to-date resource directory/library and referral forms on file.</p> <p>3.1c Maintain materials and DPH approval(s) on file.</p>
<p>Target area - Antelope Valley: 93534, 93535, 93543, 93550, 93551, 93552, and 93591</p>	<p>3.1d Schedule staff to conduct community education contacts in the target area. Staff and subcontractor itineraries must have a date, time, site name, zip code where the community education contact was made, and include a staff or subcontractor signature.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1d Maintain itineraries on file.</p>

Contractor: Partners in Care Foundation
 Contract Number: H-700340

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>3.1e Conduct community education contacts following the PCO curriculum and document activities. To validate (count) the contact, a completed Outreach Contact form must have at a minimum: a person's last name, first initial or name, residence zip code, phone number, date of contact, site name, zip code, and include the name of the staff or subcontractor making the contact. If contact was made with a potential client, also complete a CSI form. If contact was made at an event, also have a completed activity/event sign-in sheet and summary sheet. Submit activity/event summary sheet to DPH with the monthly report. The Contractor may use a copy of the Outreach Contact form found in the data forms book (greenbook), or can develop an Outreach Contact form for field use. The Contractor can only <u>make a copy</u> of the CSI form because changes cannot be made to the State CSI form.</p>	<p>07/01/09 – 06/30/10</p>	<p>3.1e Maintain an Outreach Activities Binder (organized by fiscal year and month) that contains completed Outreach Contact forms; Client Screening Instrument forms completed for women <u>not</u> enrolled in PCO; activity/event sign-in sheets and summary sheets. In monthly reports, document the number of activity/events conducted and the number of community education contacts.</p>

Exhibit A-8

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.1 By June 30, 2010, the Contractor will provide care coordination services to 74 (minimum) women enrolled in PCO.</p>	<p>4.1a Review and update the care coordination protocol. Submit protocol to DPH for approval.</p>	<p>08/01/09</p>	<p>4.1a Maintain care coordination protocol and DPH approval on file.</p>
<p>Care coordination services are non-diagnostic (no medical or psychological diagnosis or treatment); CHOWs follow clients from a socioeconomic perspective only.</p>	<p>4.1b Enroll women in PCO who meet program eligibility requirements (see total score and service decision on the CSI form). Submit a fiscal year-to-date BIH-MIS Caseload Report to DPH with the monthly report.</p> <p>A) CHOWs transfer the data on the Outreach Contact form onto the Outreach Contact form found in the greenbook, fill in any missing data, and file the original in the Outreach Activities Binder.</p> <p>B) The Data Clerk enters the new client's data into the BIH-MIS and obtains a BIH-MIS case number.</p>	<p>07/01/09 – 06/30/10</p>	<p>4.1b Maintain Outreach Contact forms in the Outreach Activities Binder and file the copy of the CSI in the clients' files. Maintain the client's greenbook data in the BIH-MIS.</p>
	<p>4.1c Open a client file. Client files must be arranged in the same order and contain all administrative forms sited in the PCO curriculum. All files must have up-to-date documentation of interactions with the client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also, maintain a list of incentives distributed to the clients, and a list of health education topics discussed with the client and signed-off by a staff/subcontractor signature and date. The Contractor must use file folders that can maintain the file's contents <u>securely</u>.</p>	<p>07/01/09 – 06/30/10</p>	<p>4.1c Maintain client files confidentially in locked cabinets and ensure client files and BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review client files will be reviewed.</p>

Exhibit A-8

BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>4.2 By June 30, 2010, the Contractor will ensure all BIH staff and subcontractors implementing program services, provide follow-up services.</p>	<p>4.2a Train staff and subcontractors to conduct one-on-one health education about topics that will be discussed with a client throughout participation in BIH.</p>	<p>07/01/09 – 06/30/10</p>	<p>4.2a Maintain training documentation in employee and subcontractors' files.</p>
	<p>4.2b Staff and subcontractors will conduct follow-up services to ensure clients have access to perinatal, post-partum, well baby care, immunizations, and other services deemed essential and appropriate for the health and welfare of the clients (mother, index child, and other family members). Follow-up services include, but are not limited to: developing a care plan; making home visits; making referrals; conducting one-on-one health education; writing progress notes; completing client data forms; distributing incentives; participating in case conferences; coordinating other client-centered activities.</p>	<p>07/01/09 – 06/30/10</p>	<p>4.2b Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document follow-up services in the client files.</p>
	<p>4.2c Following the current immunizations schedule, CHOW's will document the immunizations the index child(ren) has received. If immunizations are not up-to-date, CHOW's will encourage and assist clients to obtain the needed immunizations.</p>	<p>07/01/09 – 06/30/10</p>	<p>4.2c Maintain in the client's file applicable progress notes, and record immunization data in the greenbook.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.1 By June 30, 2010, the Contractor will conduct SSE classes and graduate 17 (minimum) clients.</p>	<p>5.1a Review and update the SSE care coordination protocol. Submit protocol to DPH for approval.</p>	<p>08/01/09</p>	<p>5.1a Maintain SSE care coordination protocol and DPH approval on file.</p>
<p>Clients are eligible to graduate upon completion of at least six (6) of the eight (8) SSE class sessions.</p>	<p>5.1b Enroll PCO clients who are at moderate risk (based on a mid-range service decision score) in SSE. A) Using the client's completed SSE forms, the SSE Facilitator transfers the data to the SSE pages of the client's greenbook. B) Using the SSE-client's greenbook data, the Data Clerk enters the SSE data into the BIH-MIS.</p>	<p>07/01/09 -- 06/30/10</p>	<p>5.1b Maintain on file a SSE class roster for each SSE class series, and sign-in sheets for each SSE class session. Maintain the SSE-client's greenbook data in the BIH-MIS.</p>
	<p>5.1c Choose a section of the client's care coordination file to maintain SSE information. SSE-client papers must be arranged in the same order and contain all administrative forms sited in the SSE curriculum. SSE files must have up-to-date documentation of interactions with the SSE client (inclusive of all forms and progress notes), and up-to-date greenbook data. Also in the SSE section of the client's file, maintain a list of SSE incentives distributed to the clients. The Contractor must use file folders that can maintain the SSE papers securely.</p> <p>A) For ease in accessing SSE client information, the SSE Facilitator may elect to maintain SSE client data in a temporary separate client file while a SSE class series is in session, as long as the client is enrolled in the class</p>	<p>07/01/09-- 06/30/10</p>	<p>5.1c Maintain client files (permanent and/or temporary) in locked cabinets and ensure all SSE-client files and SSE BIH-MIS data is made available upon request by State BIH personnel and/or authorized DPH BIH staff. At the annual program review SSE-client files will be reviewed.</p>

Contractor: Partners in Care Foundation
 Contract Number: H-700340

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>series. Upon graduating, or when the client is no longer participating in the current class series, all of the client's SSE forms must be placed in the care coordination file.</p>		

Contractor: Partners in Care Foundation
 Contract Number: H-700340

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>5.2 By June 30, 2010, the Contractor will ensure the SSE-client receives follow-up services.</p>	<p>5.2a The SSE Facilitator will conduct follow-up SSE services to ensure clients are empowered through positive group support to make healthy lifestyle choices. Follow-up services include, but are not limited to: conducting SSE classes; collaborating with the client's CHOW to update the care plan; making a home visit; making referrals; writing SSE progress notes; completing SSE client data forms; distributing incentives; participating in case conferences; conducting other group health education forums; coordinating other client-centered activities.</p>	<p>07/01/09 – 06/30/10</p>	<p>5.2a Maintain on file (organized by fiscal year and month) case conference sign-in sheets and minutes. Document SSE follow-up services in the SSE section of the client's greenbook and file.</p>
<p>5.2b</p>	<p>Participate in the DPH SSE Observations Visit(s). A) MCAH will conduct annual observation visit(s) to assess the delivery of SSE classes to clients.</p>	<p>08/01/09 – 05/31/10</p>	<p>5.2b Maintain DPH SSE Observation Visit Evaluation(s) on file.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
6.1 By June 30, 2010, the Contractor will enter client data into the BIH-MIS.	6.1a The Contractor will install all necessary computer equipment.	07/15/09	6.1a At the BIH Program site, the Contractor has computer equipment that meets the State BIH-MIS specifications.
	6.1b The Contractor will install the State BIH-MIS software.	07/15/09	6.1b The software is installed.
	6.1c Review and update the data collection-data entry protocol. Submit protocol to DPH for approval.	08/01/09	6.1c Maintain data collection-data entry protocol and DPH approval on file.
	6.1d Input, update, and maintain client data in the State BIH-MIS.	07/01/09 – 06/30/10	6.1d Client data is successfully uploaded electronically each month to SDSU Evaluation Team. At the annual program review a client's MIS data will be compared to the data found in the client's file.
	6.1e As specified by DPH, no later than the 15 th of each month submit BIH-MIS data reports along with the monthly report and invoice.	08/15/09 – 06/30/10	6.1e The DPH Contractor's Monthly Report and Invoice Log.
7.1 By June 30, 2010, the Contractor will develop a BIH program objective that clearly expands efforts to improve the health and well being of the clients' family.	7.1a Designated staff and/or subcontractors will attend the DPH Perinatal Periods of Risk (PPOR) trainings and/or meetings.	As scheduled	7.1a Maintain training certificates in employee and subcontractors' files.
	7.1b Implement the DPH-approved PPOR program objective.	07/01/09 – 06/30/10	7.1b Maintain Objective 7.1 documentation and DPH approval on file.

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>8.1 By June 30, 2010, the Contractor will convene meetings with the BIH Community Advisory Board to obtain input and support for program activities, and to develop strategies to improve African American birth outcomes in the target area.</p> <p><i>For the State MCH annual report, DPH will give the Contractor a Committee Membership Form (Form 8) to complete and return to DPH by June 15, 2010.</i></p>	<p>8.1a The Contractor will identify and solicit a cross-section of community members to serve on the Community Advisory Board.</p> <p>8.1b The Contractor will select up to 21, but no fewer than 13, community members to serve on the BIH Community Advisory Board.</p> <p>8.1c Hold quarterly (minimum) Community Advisory Board meetings.</p>	<p>08/01/09</p> <p>09/15/09</p> <p>07/01/09 – 06/30/10</p>	<p>8.1a Maintain letters of solicitation on file.</p> <p>8.1b Maintain on file a current roster of board members.</p> <p>8.1c Maintain Community Advisory Board meeting notices, agendas, and minutes on file.</p>
<p>9.1 By June 30, 2010, the Contractor will conduct a culturally specific public awareness campaign to inform and to educate the community about the importance for early access into, and maintenance of prenatal care.</p>	<p>9.1a In collaboration with the Community Advisory Board, the Contractor will review and update the 2008-09 campaign or develop a new First Trimester Enrollment Campaign. Campaign activities should include at least two (2) of the following activities: health fair; PSA; community meeting/event; flyer distribution. Submit campaign activity plans to DPH for approval at least 60 days prior to implementation.</p> <p>9.1b Conduct First Trimester Enrollment Campaign activities. If applicable, complete summary sheet(s) and activity/event sign-in sheet(s). Submit activity/event summary sheet(s) to DPH with the monthly report.</p>	<p>By 10/15/09</p> <p>07/01/09 – 06/30/10</p>	<p>9.1a Maintain Community Advisory Board meeting notices, agendas and minutes that document planning efforts. Maintain a copy of the First Trimester Enrollment Campaign plans and DPH approval on file.</p> <p>9.1b Maintain activity/event sign-in sheets and summary sheets in the Outreach Activities Binder.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>9.1c As a result of the campaign, enroll women in PCO who meet program eligibility requirements.</p>	<p>08/01/09 – 06/30/10</p>	<p>9.1c See Method(s) of Evaluation 4.1b</p>
<p>10.1 By June 30, 2010, the Contractor will conduct one (1) <i>Celebrate Healthy Babies</i> (CHB) event to celebrate BIH clients' successes and to mobilize the community around the issue of African American infant mortality.</p>	<p>10.1a In collaboration with the Community Advisory Board, the Contractor will plan and publicize the <i>Celebrate Healthy Babies</i> event. Submit the CHB plan and publicity (PSA, flyers; print articles; etc.) to DPH for approval at least 90 days prior to the event.</p>	<p>07/01/09 – 06/30/10</p>	<p>10.1a Maintain Community Advisory Board meeting notices, agendas, and minutes that document planning efforts. Maintain the <i>Celebrate Healthy Babies</i> plan, publicity, and DPH approval on file.</p>
<p>BIH Program funding cannot be used to purchase food for this event or for any BIH program activities.</p>			
<p>11.1 By June 30, 2010, the Contractor will educate pregnant clients on the causes of low birth weight.</p>	<p>11.1a Develop or use existing educational materials to educate pregnant clients about the signs, symptoms, and causes (premature birth; drugs, alcohol, and tobacco use) of low birth weight. Submit created and existing educational materials to DPH for approval 30 days prior to intended use.</p> <p>11.1b On the list of health education topics, include the causes of low birth weight subjects and document the dates and staff or subcontractor who discussed causes of low birth weight with the client and who distributed educational materials to the client.</p>	<p>07/01/09 – 06/30/10</p>	<p>11.1a Maintain materials and DPH approval(s) on file.</p> <p>11.1b Maintain list of health education topics in client files.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK
 JULY 1, 2009 through JUNE 30, 2010**

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
12.1 By June 30, 2010, the Contractor will refer BIH clients who use illicit substances, alcohol, and/or tobacco products to appropriate treatment programs.	12.1a Provide staff and subcontractors training to identify clients who use alcohol, illicit substances, and or tobacco products.	07/01/09 – 06/30/10	12.1a Maintain training documentation in employee and subcontractors' files.
	12.1b Develop or use existing perinatal-related alcohol, illicit drugs, and tobacco products educational materials to distribute to clients. Submit created and existing materials to DPH for approval 30 days prior to intended use.	07/01/09 – 06/30/10	12.1b Maintain materials and DPH approval(s) on file.
	12.1c Identify treatment programs and develop Memorandums of Understanding (MOU).	07/01/09 – 06/30/10	12.1c Maintain Memorandums of Understanding on file.
	12.1d Staff and subcontractors will make appropriate referrals for clients in need of treatment services. Document referrals and final referral results in the greenbook on the Client Referral Tracking pages.	07/01/09 – 06/30/10	12.1d At the annual program review client files will be reviewed.
	12.1e Monitor the client's efforts to eliminate or reduce the risky behavior, and provide positive reinforcement to encourage and support the client. Supply the client with appropriate health education material(s) and make applicable progress note entries.	07/01/09 – 06/30/10	12.1e At the annual program review, client files will be reviewed.
13.1 By June 30, 2010, the Contractor in conjunction with the California SIDS Program, will educate clients and their families about SIDS deaths in the African American community, and about the strategies that may prevent SIDS.	13.1a Review and update the SIDS Education form and literature. Submit the SIDS form and materials to DPH for approval.	07/15/09	13.1a Maintain the SIDS Education form, educational materials and DPH approval on file.

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
	<p>13.1b Conduct one-on-one SIDS education with clients at the following times: 8th month of pregnancy; within two (2) weeks after the baby's birth; at the mother-infant 6-month follow-up home visit.</p>	<p>07/30/09 – 06/30/10</p>	<p>13.1b Maintain an up-to-date SIDS Education form in the client's file.</p>
	<p>13.1c Within two (2) weeks after the baby's birth, staff or subcontractor will make a home visit to observe the newborn's sleeping position and sleeping area and provide the mother with appropriate feedback to reinforce the SIDS message.</p>	<p>07/30/09 – 06/30/10</p>	<p>13.1c Maintain documentation of the observations and feedback on the SIDS Education form.</p>
<p>14.1 By June 30, 2010, the Contractor will implement a Quality Improvement Plan (QIP) process for continually assessing the program's effectiveness in accomplishing the BIH mission, goals, and objectives.</p>	<p>14.1a Review and update the QIP and submit to DPH for approval. The QIP shall include the following components: Quality Improvement Committee, Written policies and Procedures, Client Feedback, Program Staff, Measurable Program/Service Quality Indicators, QIP Implementation, and QI Summary Reports. The QIP shall include the requirement for two (2) QI summary reports due mid-year and annually. These reports shall be developed by the QI Committee and signed by the Executive Director. The following reports shall be created:</p> <p>A) Mid-Year QI Summary Report – Document areas of concern identified by the QI Committee; program performance indicators;</p>	<p>10/01/09</p>	<p>14.1a Maintain QIP and DPH approval on file. Maintain QI Committee documentation, written policies and procedures, Mid-Year, and Annual QI Summary Reports on file and make available at the annual program review.</p>

Exhibit A-8

**BLACK INFANT HEALTH (BIH) PROGRAM
 SCOPE OF WORK**

JULY 1, 2009 through JUNE 30, 2010

The Contractor must work toward achieving the following measurable objectives. The objectives shall be achieved by following the work plan, that is comprised of implementation activities and methods of evaluation. Implementation activities are to be completed according to the timeline and are to be documented as specified.

MEASURABLE OBJECTIVES	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATION
<p>15.1 Throughout the term of this agreement, maintain effective communication and program coordination with DPH to maximize program efforts and to ensure continuity in the countywide BIH Program.</p>	<p>results of process and outcome measures; data collected from client feedback; plans of corrective action.</p> <p>B) Annual QI Summary Report – Document outcomes of implementing plans of correction action; overall QI process performance.</p>	<p>06/15/10</p>	
	<p>15.1a Attend the monthly DPH BIH Team Meeting, and host one (1) of these meetings. Required attendees at the DPH BIH Team Meetings: Program Manager, SSE Facilitator, (1) CHOW.</p>	<p>07/01/09 – 06/30/10</p>	<p>15.1a Meeting sign-in sheets.</p>
	<p>15.1b Participate in other State BIH and/or DPH BIH meetings and activities.</p>	<p>As scheduled</p>	<p>15.1b Meeting sign-in sheets.</p>

SCHEDULE 6

PARTNERS IN CARE FOUNDATION
BLACK INFANT HEALTH PROGRAM SERVICES IN LOS ANGELES COUNTY

	<u>Budget Period</u>
	July 1, 2009 through <u>June 30, 2010</u>
Full-Time Salaries	\$149,236
Employee Benefits @ 28.83%	<u>43,025</u>
Total Full-Time Salaries and Employee Benefits	\$192,261
Part-Time Salaries	\$ 1,815
Employee Benefits @	<u>\$ -0-</u>
Total Part-Time Salaries and Employee Benefits	\$ 1,815
Total Salaries and Employee Benefits	\$194,076
Operating Expenses	\$ 19,719
Equipment	\$ -0-
Rent	\$ -0-
Subcontracts	\$ -0-
Indirect Cost @ 10% of Salaries	<u>\$ 15,105</u>
TOTAL PROGRAM BUDGET	\$228,900

During the term of this Agreement, any variation to the above budget must have prior written approval of the Department of Health Services Director or his designee. Funds shall only be utilized for eligible program expenses.